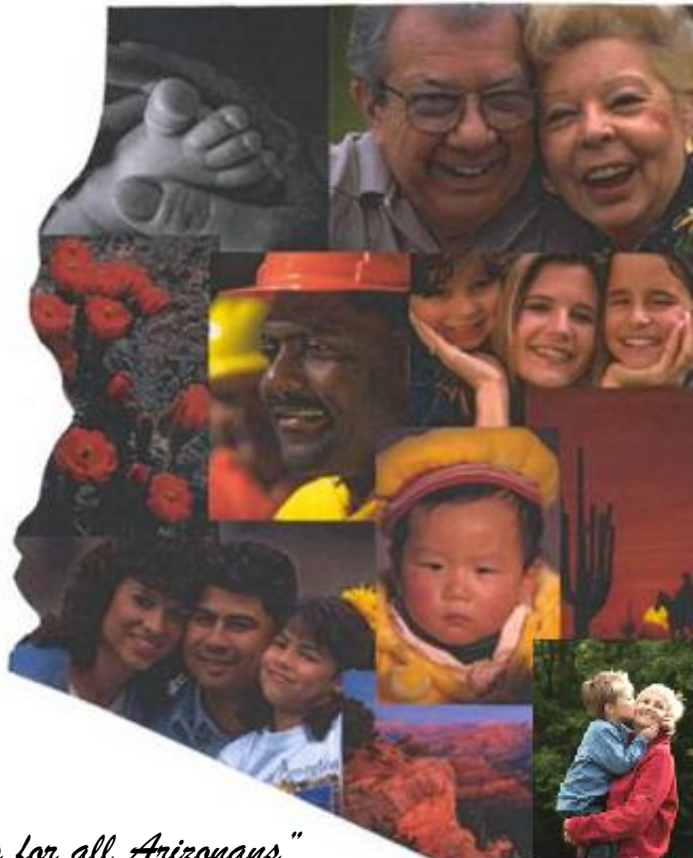




Healthy @ Home

Arizona Home Safety
and Family Wellness Assessment




Arizona
Department of
Health Services

"Health and Wellness for all Arizonans"

Healthy @ Home: Arizona Home Safety and Family Wellness Assessment

Arizona Department of Health Services created the Healthy @ Home Assessment as part of the ASHTO and RWJF Quality Improvement Integration Project. The standardized home safety and family wellness assessment integrates environmental health and chronic disease components into the home visiting process.

The Healthy @ Home Assessment will provide an opportunity to address family members with chronic diseases and provide referrals and education in order to improve health of family members in the home. The Healthy @ Home Assessment is also an opportunity to educate families on environmental issues in the home such as lead poisoning and asthma triggers. The outcome is more children in Arizona being screened as well as awareness among parents and caregivers about potential environmental risks. This process will be a great improvement to identifying home safety concerns as well as other wellness issues that impact family life in Arizona.

PROGRAM SITE: _____

CLIENT NAME: _____

Healthy @ Home

Arizona Home Safety and Family Wellness Assessment

Program Information					
Client ID:		Program Contractor ID:		Date:	
Home Visitor Name:			County:		
Client Information					
Client Name: <i>First:</i> _____ <i>MI:</i> _____ <i>Last:</i> _____				DOB:	
Street Address:			City, State:		Zip Code:
Demographics					
				Yes	No
				Prefer not to say	
1	Do you consider yourself Hispanic or Latino(a)?			<input type="checkbox"/>	<input type="checkbox"/>
2	What is your race? (Check all that apply)			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Asian/Pacific Islander	Black	Native American or American Indian	White	Other (specify) _____
					Prefer not to say
3	How many people live in your household? _____				
4	How many children under the age of 5 live in your household? _____				
5	How many adults over the age of 55 live in your household? _____				

Family Wellness						
Chronic Disease						
1	Have you or anyone in your household ever been told that you have:					
	Don't know/ Prefer not to say	No	Yes:	Age of person(s)	Gender of person(s) (circle)	Has/Have person(s) had any ER visits or hospitalizations in the past 6 months related to this chronic disease?
	Pre-Diabetes				M / F	Yes / No
	Diabetes; All types				M / F	Yes / No
	Arthritis				M / F	Yes / No
	High Blood Pressure				M / F	Yes / No
	Cardiovascular Disease; All types				M / F	Yes / No
	Cancer				M / F	Yes / No
	Chronic Obstructive Pulmonary Disease (COPD)				M / F	Yes / No
	Asthma				M / F	Yes / No
	Chronic Pain				M / F	Yes / No
	Other: _____				M / F	Yes / No

PROGRAM SITE: _____

CLIENT NAME: _____

2	<p>[IF YES TO ABOVE] Has anyone ever referred you or a family member to a disease self-management program (workshops that are designed to help people with ongoing health problems manage them more effectively)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/></p>
3	<p>If yes, which chronic disease self-management program were you referred to?</p> <p>_____</p> <p>Was the program completed? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why? _____</p>

Family Wellness					
Environmental Health					
		Yes	No	N/A	Comment
1	Was your home built before 1978?				
2	Is there any flaking, peeling, or chipping of paint, especially around windows and doors?				
3	How long have you lived at your current residence?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Less than 3 months	3-5 Months	6-11 months	1 year	2-4 years
					5+ years
4	What is the structure of your current residence?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Single family home	Apartment/Condo	Trailer/ Mobile Home	Other (specify) _____	
	Lead Poisoning:	Yes	No	N/A	Comment
5	Do you use any ceramic cookware from Mexico when cooking?				
6	Have children in the home been tested for lead poisoning ?				
	Potential Asthma Triggers:	Yes	No	N/A	Comment
7	Does anyone in the household smoke?				
8	Does anyone smoke inside the home?				
9	Is there evidence of pests including mice, squirrels, cockroaches, rats and bed bugs?				
10	Are there any pets in the home?				What kind:

Home Safety

General Safety

1	Are hazardous materials kept in a locked cabinet or stored out of child's reach, including:					
Yes / No/NA	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No/NA	
Medicines and vitamins.	Soap, shampoo, mouthwash, cosmetics, aftershave, perfumes and razors.	Cleaning supplies and drain openers.	Trash containers.	Plants and breakable objects.	Pesticides, fertilizers, paints, hand and power tools.	
2	Is child supervised and never left alone when:					
Yes / No	Yes / No	Yes / No/NA	Yes / No	Yes / No	Yes / No	Yes / No/NA
Eating	during bath time	near a pool	Around water	In a car	While playing outside	In the presence of dogs or animals
3	Toy Safety:					
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
Toys are checked often for breaks, chips, and dirt and thrown away.	Toys are put away so children can reach them without climbing.	Toys are age appropriate for children.	Toys are stored in an area to prevent tripping.	Toy chests have no lid or have safety hinge on lid that holds opens at any position.		
			Yes	No	N/A	Comment
4	Choking hazards are kept away from child including small magnets, batteries and toy parts.					
5	Small electrical appliances are unplugged and put away when not in use. 🐼					
6	The home has a properly installed, functioning battery-powered smoke detector. 🐼					
7	All unused electrical outlets are equipped with safety devices, and electrical cords are in good condition and used appropriately. 🐼					
8	The home has two unobstructed exits and unobstructed exits in bedrooms.					
9	Space heaters and fans are in safe condition and out of the child's reach.					
10	Plastic bags and balloons are kept out of the child's reach.					
11	Tall lamps, televisions, appliances and furniture are blocked off and secured. 🐼					
12	Unattended tubs, buckets, wading pools, pet bowls and other containers of liquid are absent or emptied after use.					
13	If firearms and ammunition are on the premises, they are stored separately from one another and are locked.					
14	Stairs, protective walls, railings and gates are sturdy and in good condition. 🐼					

PROGRAM SITE: _____

CLIENT NAME: _____

		Yes	No	N/A	Comment
15	Glass panels in coffee tables or doors have been removed or replaced with acrylic, wood, or tempered glass and sharp edges on tables and furniture are covered.				
16	A child-safety seat is always used for child in vehicle and is correct size.				
17	Smoking materials, drugs and drug paraphernalia are kept out of reach of children including lighters, matches and ash trays.				
18	Has anyone fallen in the home in the last 6 months?				
	Kitchen:	Yes	No	N/A	Comment
19	Knives and sharp objects are kept out of the child's reach, even while in use.				
20	Small appliances are unplugged and away from the counter's edge. 🧐				
21	Pot handles are turned in and out of the child's reach.				
22	Alcoholic beverages are out of reach of children.				
	Bathroom:	Yes	No	N/A	Comment
23	Hot water is 120° F or less and always tested before putting child in.				
24	Non-skid material is on the tub/shower floor.				
25	Toilet lids/seats are closed when not in use or there is a fastener installed on lid.				
	Child Area/Bedroom:	Yes	No	N/A	Comment
26	Child has separate sleeping area with firm mattress, no foam rubber, no waterbeds, no bean bag chairs and mattress is not covered with a plastic bag. 🧐				
27	Cribs are free from loose bedding, crib bumpers, soft, fluffy objects and attachments/toys which can be used to climb out. 🧐				
28	Mattress fits snugly in the bed frame, slats are no more than 2 3/8" apart (less than soda can width), and posts extend no more than 1/16" beyond the top of the end panels. 🧐				
29	The crib/bed is away from windows.				
30	Pictures and wall hangings are away from the crib/bed and out of the child's reach.				
31	Crib gyms which attach to both crib rails are absent and mobiles are removed if the child can reach them.				
32	Mobile baby walkers are absent and car seats and bouncers are off counters/tables.				
33	Drapery or mini-blind cords are out of the child's reach and/or loops are cut. 🧐				

PROGRAM SITE: _____

CLIENT NAME: _____

	Outdoors:	Yes	No	N/A	Comment
34	The home address is clearly visible from the street.				
35	Pathways, walkways and outdoor areas are unobstructed and cleared of debris. 🗑️				
36	If there is a swimming pool or hot tub, there is an isolation fence in good condition and gates are securely locked or are self-latching and closed.				
37	Helmets are used while riding a bicycle or other wheeled equipment and are put away when not in use.				
	Emergency:	Yes	No	N/A	Comment
38	Families have discussed emergency evacuation routes, plans for family safety and where to meet during an emergency.				
39	Family has emergency medical services/poison control phone numbers in home and in cell phone.				

	Referral/Education Provided:	Yes	No	N/A	Declined
40	Education provided on Home and Health Safety Hazards				
41	Education provided on Chronic Disease Self-Management				
42	Referral provided on Chronic Disease Self-Management				
43	Education provided on Environmental Health Resources				
44	Referral provided on Environmental Health Resources				

IF family refused assessment:

Client Signature: _____ Date: _____

Home Visitor Signature: _____ Date: _____

Healthy @ Home

Referrals and Education Checklist

Family Need	Education	Referral	Additional Resources
Alcohol & Substance Abuse			SAMHSA's (national) Treatment Referral (800) 662-HELP Crisis Lines: www.azdhs.gov/bhs/crisis-hotlines.htm
Asthma			AZ Lung Association (800) 586-4872 www.lungarizona.org
Behavioral Health			AZDHS Behavioral Health Services www.azhds.gov/bhs/
Bike and Wheels Safety			AZGOHS: Highway/Bike Safety www.azgohs.gov/highway-safety-programs
Burn Prevention			Arizona Burn Foundation www.azburn.org
Child Passenger Safety			AZDPS: Seat Belt Safety www.azdps.gov/Information/Seat_Belts
Chronic Disease			AZ Living Well Institute http://azlwi.org/
Crib Safety			Cribs for Kids www.cribsforkids.org/education
Disaster Preparedness			Just in Case Arizona: Emergency Preparedness www.justincasearizona.com/
Domestic Violence			Arizona Coalition Against Domestic Violence (800) 799-SAFE www.azcadv.org
Fall Prevention			AZ Stop Falls (602)264-HELP (4357) www.azstopfalls.org
Fire Safety			Local Fire Departments
Gun Safety			Arizonans for Gun Safety (602) 547-0976 www.azfgs.com/
Home Hazardous Waste Disposal			Arizona Department of Environmental Quality (800)234-5677 www.azdeq.gov/environ/waste
Home Weatherization			Arizona Weatherization and Low-Income Energy Program (602)604-0640 www.weatherization.azcaa.org
Home Safety & Injury Prevention			Safe Kids Arizona AZ Department of Health Services (602)542-7340 www.safekids.org
Landlord Tenant Counseling			City of Phoenix Neighborhood Services Dept. (statewide) (602)262-7210 landlord.tenant.nsd@phoenix.gov
Lead & Lead Poisoning			AZDHS Office of Environmental Health (602)364-3118 www.azdhs.gov/phs/oeh/invSurv/lead
Moisture and Mold			US Environmental Protection Agency www.epa.gov/mold
Pest Control			Arizona Pest Management http://cals.arizona.edu/apmc/
Poison Prevention			Arizona Poison and Drug Information Center Emergency: (800)222-1222
Pool Safety			AZDHS www.azdhs.gov/phs/oeh/pool_rules.htm
Second-Hand Smoke			Tobacco Free Arizona www.azdhs.gov/tobaccofreeaz/
Smoking & Tobacco Use			ASHLine: Arizona Smoker's Helpline 1-800-55-66-222 www.ashline.org/
Toy Safety			Consumer Product Safety (800) 638-CPSC (2772) www.cpsc.gov/
Water Safety			Drowning Prevention Coalition of Arizona www.preventdrownings.org/